

## Westmont College Counseling Center Request for Counseling

*Thank you for making an important decision to seek counseling. In order to serve you better, please fill out this confidential form and return it to Claire Cetti, office manager of the Counseling Center. She will contact you as soon as possible by phone, email, or in person once you bring it in. Questions? Call Claire at x6003, or email her at ccetti@westmont.edu.*

Name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Best way to contact you:  Phone  Email

Class Year: \_\_\_\_\_ Major: \_\_\_\_\_ Residence: \_\_\_\_\_

Reason for counseling request: (check all that apply):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Anxiety                        | <input type="checkbox"/> Communication       | <input type="checkbox"/> Decisions                    |
| <input type="checkbox"/> Depression                     | <input type="checkbox"/> Eating/Body Issues  | <input type="checkbox"/> Family Issues                |
| <input type="checkbox"/> Grief/Loss                     | <input type="checkbox"/> Identity/self worth | <input type="checkbox"/> Relationships                |
| <input type="checkbox"/> Re-entry                       | <input type="checkbox"/> Other:              | <input type="checkbox"/> I'm in a Crisis              |
| <input type="checkbox"/> I just want to talk to someone |  | <input type="checkbox"/> I'd rather not write it down |

Level of Distress:

Mild 1-----2-----3-----4-----5-----6-----7-----8-----9---10 Extreme

Are you currently suicidal?  Yes  No

Do you have a counselor preference? (not guaranteed)

Male  Female  Focused on Eating/Body Issues

Please mark all the times you ARE available to meet between 8:30am and 4:30pm.

Please be as flexible as possible.

Monday | Tuesday | Wednesday | Thursday | Friday |

AM

\_\_\_\_\_

PM

\_\_\_\_\_

Office Use Only: